

Patient information from BMJ

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Hip replacement surgery

This information tells you about an operation to replace one of your hips. It explains how the operation is done, how it can help, what the risks are, and what to expect afterward.

Procedures and practices can vary slightly between hospitals. You can use our information to discuss your operation with the doctors and nurses treating you.

What is a hip replacement?

The hip joint is at the top of your leg. It is a type of joint called a **ball-and-socket** joint. The ball is the top of the thigh bone (the femur), which fits into the hip socket.

Hip replacement is usually done as a treatment for severe arthritis of the hip. You might hear it called **osteoarthritis**. Arthritis can be very painful and can stop your hip from working properly.

When you have a hip replacement a surgeon removes parts of your hip bones that have been damaged by arthritis and replaces them with artificial hip parts. The artificial joint is called a **prosthesis**.

Why might I need a hip replacement?

Most people with arthritis of the hip don't need a hip replacement. But your doctor might suggest it if, for example:

- you are in constant pain
- your pain stops you from sleeping
- other treatments, such as physical therapy and medications, have not helped enough to reduce your pain or to help you be more mobile
- you struggle to do everyday things and become less independent: for example, you might have trouble getting out of the bath or tying your shoelaces
- your pain and the problems it causes are making you depressed
- you can no longer easily visit family and friends
- your hip arthritis is stopping you from working.

What happens during the operation?

A total hip replacement is a major operation. It takes between one and two hours.

You will need either a **general anesthetic** or an **epidural** so that you don't feel anything during the operation.

- With a general anesthetic you sleep through the operation.
- An epidural is an injection into your spine. The lower part of your body will be numb but you'll be awake. You won't be able to see the surgery, but you will be able to hear what's going on. A nurse or anesthesiologist will probably talk to you from time to time, to ask how you are and let you know what's happening.

The operation happens in several stages:

- First, the top end of the thigh bone, including the ball part of the ball-and-socket joint, is cut off and removed.
- A steel (or sometimes ceramic) ball on a stem is then set into the thigh bone in place of the old bone.
- The hip socket is drilled out a little to make room for the new artificial socket, which is usually made of plastic. The ball part of the joint will then fit into this new socket.
- The surgeon might use special cement to stick the new prosthetic bones to your bones. But some types of artificial hip joint don't need cement.
- Some people need a blood transfusion during the operation to replace the blood lost during surgery.

Different types of hip replacement

There are many different types of hip replacement joint. You can talk to your doctor about which are available for you, and about which of these is most suitable.

One type that you might have heard of, but that is not used much anymore is the **metal-on-metal (MoM)** hip joint (so called because both parts are made of metal).

There have been concerns that this type of hip replacement joint might wear away more quickly than others. It's possible that this might damage the tissue near the joint, and that traces of metal could leak into the bloodstream.

You are not likely to be offered this type of joint as it is not thought to be the best option for most people. If you are offered it, ask your doctor why.

It's recommended that people who have this type of hip replacement should have check-ups every year to monitor for any problems.

What are the risks?

There are risks with all operations, and your surgeon should talk through these before your surgery.

Anesthetics

One common cause of problems is **anesthetics**, which can have side effects, including feeling nauseous for a while after your operation.

Some people have an **allergic reaction** to the anesthetic. You should tell your doctor before the operation about any allergies you have.

Anesthetics can also cause breathing problems and heart problems. These problems are serious but rare. And your blood pressure, heartbeat, temperature, and breathing will be closely monitored during your operation.

Other possible problems

As with many types of operation, some problems can happen during or soon after surgery, while others happen over the longer term.

This list of possible problems might look long. But remember, these are things that might happen, not things that definitely will happen. Many people who have hip replacements have no problems at all.

Possible short-term problems

- **Problems urinating.** If you can't urinate for a short while after your operation you will need to have a small tube (called a catheter) placed in your bladder to drain the urine.

This is fairly common after this surgery. Some people get a urinary tract infection (UTI). If this happens you will need antibiotics.

- **A blood clot in your legs.** Doctors call this **deep vein thrombosis (DVT)**. If this happens you will need medication to thin your blood until the clot goes away.

To help prevent blood clots you will probably be given special elastic stockings to wear after your operation. You might also be given blood-thinning drugs.

- **A blood clot in your lungs.** Sometimes a DVT can travel through your blood to your lungs. Doctors call this a **pulmonary embolism**. This is rare but serious.
- **Damage to the nerves in your leg.** The large nerve that runs down the back of the thigh can be damaged during the operation. This can make your foot floppy and weak. This is rare and most people recover. But some people need an operation to treat the problem.
- **A broken hip.** The bones in your hip can crack during the operation. This is rare and the surgeon can usually fix it during your hip replacement operation. But it could delay your recovery.
- **A heart attack, stroke, or chest infection.** Any major operation puts a strain on your heart, brain, and chest. These problems are rare with this surgery but they do happen.

These problems are more likely to happen if you already have heart or lung problems. It is a good idea to quit smoking before an operation, as this makes these problems less likely.

Hip replacement surgery

- **A wound infection.** This is a risk of any type of operation. If this happens you will need antibiotics.
- **A hip infection.** It is rare to get an infection in your new hip. But if it happens you might need to have a new hip fitted.
- **Your new hip coming apart.** This is not common but it can be very frightening and painful. If this happens it will probably be in the first few weeks after your operation, but it can also happen months later. If your hip dislocates in this way, you might need another small operation to fix it.
- **Damage to major blood vessels.** This is rare, but it can happen during the operation if an instrument tears a hole in one of the large blood vessels near the hip.
- **Dying during the operation.** This happens to 3 or 4 in every 1000 people who have this type of surgery.

Possible longer-term problems

- **One leg becomes slightly longer than the other.** The leg with the new hip can end up slightly longer than the other leg. If this happens you might need to wear shoes with a raised heel so that you don't limp.
- **The new hip becomes loose.** If this happens you might need another operation to replace the loose hip with a new one.
- **Infection.** Infections are usually a short-term problem when you have surgery. But artificial hips can sometimes become infected months or years after surgery. If this happens, you might need another operation to replace the infected hip with a new one.
- **Wear and tear.** Most replacement hips last for at least 10 years, and often much longer. But if yours stops working properly you can have an operation to replace it. Surgeons call this a **revision**. But revisions take longer and problems are more likely.

What can I expect afterwards?

A hip replacement is a major operation. You will have a large scar, which will be closed with stitches or clips and covered with a waterproof dressing.

You will be given painkillers. But if they don't help enough you must tell a nurse or doctor. Being in pain can slow your recovery and there is no need for you to suffer.

Immediately after your operation

After your operation you will go to a recovery area until you are fully awake. You will have a drip in your arm.

You might also notice one or two small plastic tubes in the top of your leg. These are **drains**. They stop fluid collecting under your scar. The drip and the drains come out after one or two days.

If you had an **epidural** anesthetic, you might not be able to feel or move your legs for several hours after your operation.

Hip replacement surgery

But you also won't have any pain. Some hospitals leave epidurals in place for a day or so after surgery, to stop your new hip from hurting.

During your stay in hospital

It's hard to say how long you'll need to stay in hospital after your operation. But it will usually be between 1 and 5 days, depending on what type of surgery you had, and your age and general health.

If you are fairly young and generally in good health you might be able to go home more quickly. Your surgeon might also suggest that you start to move about as early as a few hours after your operation. But some people need more recovery time.

Physical therapy and recovery

While in hospital you should be helped with some basic physical therapy. This could include trying to do things like:

- getting out of a chair
- walking with a frame, or
- walking with sticks (until you can walk by yourself).

Your pain and stiffness should pass fairly quickly. But it can take months or weeks before you feel normal again after a major operation. It's normal to feel emotional and teary during this time.

Going home

You will need to take care of your new hip - and of yourself - while you recover and get used to moving about. So ask your family and friends to help around the house and with chores, such as shopping and collecting prescriptions.

You might not be able to do simple things for a while, like putting on your own socks and shoes. This is normal.

You might want to think about useful aids and appliances, such as an extra hand rail in the shower. Ask to see an **occupational therapist** before you go into the hospital, so that it can be arranged for when you go home.

Many people need more help for a while after their operation. If you're struggling, ask your doctor if they can help to arrange for more help.

There are some simple but important things about your recovery that your doctor and physical therapist should discuss with you before you go home. For example:

- **don't** cross your legs. Crossing your legs could dislocate your new hip
- **don't** bend over more than 90 degrees. Bending low can dislocate your hip
- **don't** do anything that makes your new hip feel sore or uncomfortable
- **do** sleep on your back for six weeks after your operation

Hip replacement surgery

- **do** be extra careful for the first couple of months after your operation. This is when you're most likely to dislocate your new hip
- **do** take regular exercise. Exercise is great for your new hip, and for you. Walking, swimming, and cycling are fine. But avoid activities that jolt or jar your hips such as running or tennis. Ask your physical therapist before you leave hospital for advice about exercise
- **do** contact your doctor if you notice increased pain, redness, or fluid in your hip joint. Your surgeon should tell you about problems to look out for before you leave the hospital.

Most surgeons recommend you avoid sex for 6 to 8 weeks after your operation.

You should be able to drive about 6 weeks after surgery. If you have a job that's not physical, such as an office job, you will need about 6 weeks off. If your job involves a lot of standing, you will probably need more time to recover.

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